

**OLDER ADULT PERFORMANCE OUTCOME PILOT  
COMMITTEE MEETING SYNOPSIS  
September 14, 2000**

Jim Higgins, Department of Mental Health (DMH), led introductions and reviewed the agenda (*Attachment 1*). Representatives from the following counties were present: Astrid Beigel and Laura Trejo (Los Angeles County), Mary Flett (Santa Clara County), Carmen Stitt and Victor Contreras (Sacramento County), Sharon Lopez (Shasta County), Paula Agostini (DMH Client and Service Information System); Jim Higgins and Traci Fujita represented the DMH Research and Performance Outcome Development Unit (RPOD).

The following items were discussed:

- County Reports. Pilot county representatives each provided a brief status report on their county's progress. Brief discussions were held regarding the time that it takes to quality check the forms. Common problems were missing information (client ID, form linking numbers, etc.), bubbles not completely filled in, and incomplete forms being submitted. This causes a burden to support staff who have to track down the missing information, when possible, and to complete bubbles. Representatives stressed the need for the older adult system to be much simpler than the Children's and Adult's systems in order to lower costs and increase accuracy. Traci Fujita also provided a one-page summary of the frequency counts of clients for each county. These counts do not reflect accurate counts for second administration clients since this data has not been entered. Counties may also see a reduction in their first administration counts. This is because duplicate records were deleted and clients below the age of sixty were excluded from the counts.
- Demographic Information. At the last meeting, the committee decided that there is a need to know more about the population being studied – especially with regard to what kind of values they should expect to see as a result of the pilot study. Jim Higgins provided several articles from the AARP website as possible articles of interest. The website is located at: <http://research.aarp.org/health/index.html>.
- Key Areas of Interest. Committee members discussed what they thought were some of the key areas that needed to be measured as part of the Older Adult Performance Outcome System. The committee agreed that the discussion of these areas and the specific questions should be saved for a discussion at a later date.
- New Methodology. County representatives indicated their conviction that the Older Adult Performance Outcome System, when it is implemented, should reflect a change in the methodology. They expressed that this was especially important because of the fact that many older adults will not remain in service long enough to complete multiple administrations of the instruments. Results from the pilot study indicate that the drop-off rate for the older adult population could be much higher than that of the children and adult systems. This difficulty, however, might be explained as resulting from the short time period over which the instruments were administered.

Astrid Beigel (LA County) expressed her adamant opinion that the MHSIP was not designed to be a longitudinal measure. Rather, she says, it is designed to be administered at a point in time. After some intervention is implemented that is targeted at improving some aspect of the program, the MHSIP is re-administered to another group of people (some of whom may have participated at time one if they were receiving services) to see if the intervention was successful at improving services.

This led into a discussion regarding methodology whereby most of the group expressed that the current longitudinal methodology does not work for a variety of reasons and that annual or semi-annual cross-sectional studies (which would also allow for some longitudinal analysis) would be more appropriate and effective. Jim Higgins (DMH) explained that in the current climate, there was a commitment to tracking individual changes over time. He explained that he had discussed the cross-sectional approach with representatives of the California Mental Health Planning Council and they expressed that they wanted, for the time being to retain the longitudinal approach. Finally, Jim suggested that it would be far more effective to focus on simplifying the system in terms of its administrative burden while improving the quality of the data and save the discussion of specific methodology changes for a later time.

- Encounter Data/Face Sheet Revisions. Per the committee's request at the previous meeting, Paula Agostini, Manager of the DMH Client and Service Information (CSI) System provided information on how often data elements are collected on clients. The committee suggested that this information should be used to design a face sheet similar to the Adult system in that fields which are also collected by CSI could be on a supplemental face sheet. Once a county is compliant and up-to-date with reporting to CSI, they would not have to submit this information any longer. The main goal is to avoid duplication in data collection.
- The next meeting of the Older Adult Performance Outcome Pilot committee was scheduled for **Thursday, October 12, 2000** in Conference Room #250A.